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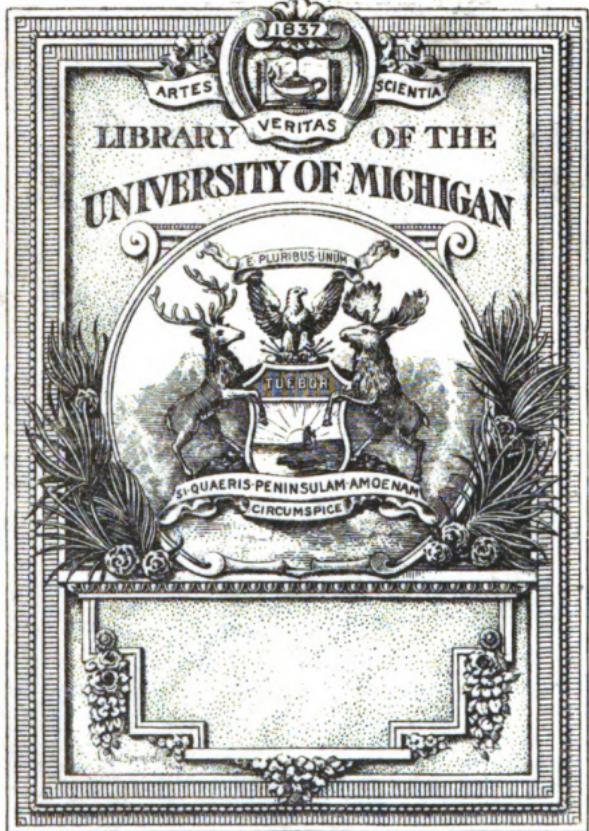
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HAHNEMANN
AS A 66961
MEDICAL PHILOSOPHER—
THE ORGANON.

Being the Second Hahnemannian Lecture, 1881.

BY
RICHARD HUGHES, L.R.C.P., ED.

London :
E. GOULD & SON,
Chemists by Appointment to the London Homœopathic Hospital,
59, MOORGATE ST., CITY, E.C.
And all Homœopathic Chemists and Booksellers.

1882.

P R E F A C E.

THE portions of this Lecture treating of Hahnemann's doctrines regarding a vital force, the psoric origin of chronic disease, and the dynamisation of medicines, were omitted in delivery for lack of time. In other respects, it stands here as its auditors heard it.

BRIGHTON,

December, 1881.

CORRIGENDA.

At p. 4, line 8, *omit* comma.

At p. 28, line 10, *supply* (") after "power."



HAHNEMANN AS A MEDICAL PHILOSOPHER.

THE ORGANON.

GENTLEMEN,

My predecessor in this Lectureship, Dr. Burnett, conducted you through the life and work of Hahnemann up to 1821, when, in the sixty-seventh year of his age, he retired from Leipsic to Coethen. It would have been natural and fitting if I had taken up the story from this

point, and showed you something of our hero during the two decades of active life yet granted to him. Circumstances, however, have otherwise determined my subject. During the last Summer Session of our School, I have been able to carry out a long-cherished project,* and to read with my class the Master's great exposition of his method—the “Organon of Medicine.” The study which has been necessitated for such a task—that I might criticise, illustrate and expound aright—may well, it seems to me, be utilised for our present object.

* In my Introductory Lecture to the first Winter Session of the London School of Homœopathy, delivered October 2nd, 1877, I said —“There ought to be a place where those interested in the matter could hear the *Organon* read and examined.”

I propose, therefore, to go back somewhat upon Hahnemann's life, but to survey him in another aspect. Dr. Burnett has cried "Ecce Medicus!" and has exhibited to you the man and the physician. I would ask you to consider with me the medical philosopher, as displayed in his cardinal treatise—the *Organon*.

I. The *Organon* was first published in 1810. A second edition appeared in 1819; a third in 1824; a fourth in 1829; and a fifth and last in 1833,* Each of these is described as "augmented" (2nd), "improved" (3rd), or both "augmented and improved" (4th and 5th) :

* Materials for a sixth are said to have been left behind by the author; but the custodians of his papers have not yet received adequate temptation to publish them.

and, in truth, all, save the third, shew considerable changes as compared with their immediate predecessors. These editions, together with a few of the numerous translations the work has undergone, lie on the table before you. Let me say at once, that it is quite impossible to form an adequate estimate, either of the *Organon* or of its author without some knowledge of the changes it has undergone in its successive stages. Without this neither foe can criticise it nor disciple learn from it aright. For instance, the hypothesis of the origin of much chronic disease in psora, which not long ago was authoritatively stated to be one of the fundamental principles of homœopathy, first appeared in the fourth edition, *i.e.* in 1829. The theory

of the dynamisation of medicines—*i.e.* of the actual increase of power obtained by attenuation, when accompanied by trituration or succussion—is hardly propounded until the fifth edition. On the other hand, there is the doctrine of a “vital force,” as the source of all the phenomena of life, as the sphere in which disease begins and medicines act. This has been regarded by many of Hahnemann’s followers, especially in France and Spain, as an essential part of his philosophy. “Voici donc,” exclaims M. Léon Simon the elder,* “la pensée fondamentale de Hahnemann, la pierre angulaire du système.” But

* “Exposition de la Doctrine Médicale Homœopathique, par S. Hahnemann, augmentée de Commentaires par M. Léon Simon père.” Paris : Baillière. 1856.

the earliest mention of this conception occurs in the fourth edition; and the full statement of it with which we are familiar in the fifth (§ 9—16), appears there for the first time.

II. The *Organon* is Hahnemann's exposition and vindication of his therapeutic method. It had been preceded by a number of essays in *Hufeland's Journal*—the leading medical organ of the time in Germany. Of these the most noteworthy were—"On a New Principle for ascertaining the Curative Powers of Drugs" (1792), "Are the obstacles to certainty and simplicity in Practical Medicine insurmountable?" (1797), and "The Medicine of Experience" (1806).*

The time seemed now

* See his "Lesser Writings," translated by Dr. Dudgeon. 1851.

to have come when there should be published separately a full account of the new departure he was advocating; and hence the *Organon* of 1810.

Why did he give his treatise this name? He must, there can be little doubt, have had Aristotle in memory, whose various treatises on Logic were summed up under the common title "Organon." Logic—the art of reasoning—is the *instrument* of research and discovery: Hahnemann designed his method as one which should be a medical logic, an instrument which the physician should use for the discovery of the best remedies for disease. But the example immediately before his mind, and through whom he was probably led to Aristotle, must have been

Bacon. The second treatise of the *Instauratio Magna* of the English Chancellor is entitled "Novum Organum :" it was the setting forth of a new mode of reasoning, which in scientific research should supersede that of Aristotle, and lead to developments of knowledge hitherto unattained. That Hahnemann should aspire to do such work for medicine as was done for science in general by Bacon has been scouted by his enemies, and even deprecated by his friends, as presumption. And yet no comparison could better illustrate the real position of the man, both in its strength and in its weakness. If he erred as to special points of pathology, and even of practice, we must remember that Bacon was a doubtful acceptor of the Copernican

astronomy and ridiculed Harvey's doctrine of the circulation, while he saw no difficulty in the transmutation of metals. But, on the other side, how truly Baconian is the whole spirit and aim of the *Organon*! Like his great exemplar, Hahnemann sought to recall men from the spinning of thought-cobwebs to the patient investigation of facts. Like him, he set up the practical—which in this case is the healing of disease—as the proper aim of medical philosophy; not seeking “in knowledge * * * a terrace, for a wandering and variable mind to walk up and down with a fair prospect,” but rather accounting it “a rich storehouse, for the glory of the Creator, *and the relief of man's estate.*” Like him, his chief strength was devoted to the expo-

sition and perfecting of his proposed method of further progress towards this end, leaving to the future the carrying it into effect. Another Descartes may arise in medicine, whose perception of special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it, will ever be reckoned the Bacon of therapeutics—the fruitful thinker who taught us what was our great aim as physicians and how we should best attain to it.

Hahnemann first called his work “Organon of the rational medical doctrine” (*Heilkunde*) ; but from the second edition onwards the title was



changed to "Organon of the healing art" (*Heilkunst*),—the "rational" being here, and in all other places of its occurrence, either dropped or replaced by "true" ("genuine,"—*wahre*). Why this alteration? The elimination of the term "rational" has been supposed to "imply that his followers were required to accept his doctrines as though they were the revelations of a new gospel, to be received as such, and not to be subjected to rational criticism."* I cannot think so. To me the clue to it seems to be afforded by the coincident change from "Heilkunde" to "Heilkunst." The name "doctrine," the epithet "rational," were in continual use for the hypoth-

* *Brit. Journ. of Hom.* XXXVI., 63.

tical systems of his day. The promulgation of his views had arrayed the advocates of all these in bitter opposition against him. Hahnemann was accordingly anxious to make it clear that, in entering the lists of conflict, he came armed with quite other weapons. He was seeking, not the consistency of a theory, but the success of a practical art : to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true.*

III. On the title page of his first edition Hahnemann placed a motto from the poet Gellert, which has been

* The preface to the second edition further confirms this view.

freely rendered into English thus :*

“The truth an all-wise Providence intended
To be a blessing to mankind,
He did not bury deep, but slightly ‘fended,
That any earnest search might find.”

This was replaced in subsequent editions by the words “Aude sapere ;” but it continued to denote the profound conviction and motive inspiration of Hahnemann’s mind. It was the same thought as that which he expressed in the “Medicine of Experience”:

“As the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we term disease, He must at the same time have revealed to us a *distinct* mode whereby we may obtain a know-

* *Brit. Journ. of Hom.* XXXV. 366.

ledge of diseases, that shall suffice to enable us to employ the remedies capable of subduing them ; He must have shewn to us an equally distinct mode whereby we may discover in medicines those properties that render them suitable for the cure of diseases,—if He did not mean to leave His children helpless, or to require of them what was beyond their power. This art, so indispensable to suffering humanity, cannot therefore remain concealed in the unfathomable depths of obscure speculation, or be diffused through the boundless void of conjecture ; it must be accessible, *readily accessible* to us, within the sphere of vision of our external and internal perceptive faculties."

Hahnemann believed in the illimitable

possibilities of medicine, because he believed in God.

I lay the more stress on this faith of Hahnemann's, from the contrast presented to it by the language of an "Address in Medicine" recently delivered,* which takes homœopathy for its theme and the *Organon* for its text. The able and candid physician to whom we owe this utterance asks in it—"What grounds of reason or experience have we to justify the belief that for every disease an antidote or cure will sooner or later be discovered?" and, going farther still, declares it to be in his judgment "Utopian to expect that dis-

* The "Address in Medicine," delivered before the British Medical Association in 1881, by John Syer Bristowe, M.D. (*Brit. Med. Journal*, Aug. 13, 1881).

cases generally shall become curable by therapeutical or any other treatment." That this melancholy Pyrrhonism is of extensive prevalence appears also from the fact, witnessed to by the leading medical journal,* that at the recent International Congress in London "therapy" was conspicuous by its absence. It was not so at the Homœopathic Convention which preceded it ; and this just stamps the difference between the two attitudes of mind. I cannot prove --at any rate here--that the faith of the founder of homœopathy was sound, and the scepticism of its critics otherwise ; but it is evident which is the more fruitful. As a lover of my kind, and not a mere man of science, I can say,

* See *Lancet*, Aug. 27, 1881.

"Malo cum Hahnemanno errare quam cum"—well, it would be personal, not to say difficult, to Latinise the rest, but my hearers will supply it.

IV. Hahnemann, whose heart was indeed bubbling up with his good matter, and whose tongue was certainly the pen of a ready writer, has written a separate preface for each edition of his work. I cannot give any account of them here ; but they are all well worth reading. The second especially deserves notice as a full statement in brief of Hahnemann's view of the existing state of medicine ; and nowhere does Bacon speak more clearly through him than in his emphatic statements here regarding the relation of reason to experience in the study of medicine.

V. I come now to the Introduction, which in every edition forms a considerable proportion of the whole volume. It has altered very much, however, between its earliest and latest appearance. In the first three editions, it consists of a series of unintentional homœopathic cures (so considered) taken from medical literature, with a few prefatory and concluding remarks. But in the second and third Hahnemann had introduced into the body of the work a long section of destructive criticism on existing theories and modes of treatment; and this, when he issued the fourth, seemed to him to find a more appropriate place in the Introduction. Thither, accordingly, it was transferred, forming—under the title “Survey of the

Allopathy* of the hitherto-prevailing School of Medicine”—a first part ; while the “ Instances of involuntary homœopathic cures” took place as a second. In the fifth edition, these last disappeared altogether, being merely referred to in a note ; and the Introduction became a continuous essay, its subject being the medicine of the author’s contemporaries and predecessors.

I think that no one who is acquainted with the state of medical thought and practice in Hahnemann’s day will question the general justice of the strictures

* So written in the fourth edition of the original, but in the fifth more correctly given as “alloopathy,” which the translators should have reproduced. Ἀλλοῖον πάθος, not ἄλλον, is Hahnemann’s antithesis to ὅμοιον πάθος ; and as the latter forms homœopathy, the former should be allopathy.

he here makes upon it. The recent critic to whom I have referred admits “the chaotic state of therapeutical theory and practice at that time prevalent ;” but he hardly appreciates Hahnemann’s merit in proscribing and stigmatising it as he did. Chaos itself, to the habitual dwellers in it, seems to be cosmos : it can only be apprehended for what it is by those who have the cosmos in their souls. This was Hahnemann’s case. He saw all around him the two things which he cites Gregory the Great as pronouncing ἀτελέσ—ἀλογος πρᾶξις and λόγος ἀπράκτος.* On the one side were the men of note—the Stahls and Hoffmanns and Cullens—building up their ingenious and ambitious systems

* *Lesser Writings*, p. 501.

on hypothetical data : on the other were the mass of practitioners, quite unable to utilise these imaginings, and treating disease according to empirical maxims or the directions of the prescription book.* The physician's art was the butt of every satirist, the dread of all who fell ill, the despair of the minds that formed a nobler ideal of it. Hahnemann himself, as Dr. Burnett has told you, for a time gave himself up to such despair ; till his experiment with cinchona bark proved the Newton's apple, the clue of Ariadne, which suggested the true law of the phenomena and led the way to better things.

If we were going through the Introduction in detail, there would be many

* See Preface to second edition.

points on which criticism and correction would be necessary; but the general soundness of its attitude must be sufficient for us to-day. It bears to the body of the work the same relation as Bacon's *De Augmentis* to his *Novum Organum*, and the treatise on "Ancient Medicine" to the "Aphorisms" of Hippocrates. Before leaving it, I must say a few words about the instances of cure, which, though dropped by himself, have been inserted from the fourth edition in the translation Dr. Dudgeon has given us, and are therefore familiar to all.* His critic has singled out the first and last of these, and has had no difficulty

* Dr. Dudgeon, not having the original of the fourth edition at hand, transferred them from Devrient's translation; and there are several errors accordingly.

in disposing of them as without bearing on the point to be proved. But a more thorough examination would show that *e duo discere omnes* was hardly a safe mode of proceeding. Of the forty-five references made, six are indeed quite worthless, and fifteen more dubious ; but the remaining twenty-four will stand the most searching examination. The cures were reported by the best observers of their time ; the remedies employed were undoubtedly homœopathic to the disorders present, and have no other mode of action to which their benefits could with any plausibility be traced. We could multiply, and perhaps improve upon them, now ; but, such as they are, they do speak the language as utterers of which Hahnemann cited them.

V. We come now to the *Organon* proper. It consists of a series of aphorisms—in its latest form 294 in number, to which are appended numerous and often lengthy notes. This is a form of composition eminently suggestive and stimulating. It is endeared to many of us by Coleridge's "Aids to Reflection;" but Hahnemann must have taken it from the *Novum Organum*, perhaps also with a recollection of the work of the Father of medicine which derives its name therefrom.

While each aphorism is complete in itself, and might be made the text of a medical discourse, the work they collectively constitute has a definite outline and structure, which remains unchanged through the successive editions, and is

as evident in the first as in the last. This outline is given in the third aphorism, which—with the exception of “rational” for “true” practitioner in the first—is identical in all editions :

“If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease; if he clearly perceives what is curative in medicines, that is to say, in each individual medicine; and if he knows how to apply, according to clearly-defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue—to apply it, as well in respect to the suitableness of the medicine which from its kind of action is most adapted to the

case, as also in respect to the exact mode of preparation and quantity of it required, and to the proper period for repeating the dose ; if, finally, he knows the obstacles to recovery in each case, and is aware how to remove them, so that the restoration may be permanent ; —then he understands how to treat judiciously and reasonably, and is a true practitioner of the healing art."

The three desiderata, then, are—

1st. The knowledge of the disease,—
which supplies the indication :

2nd. The knowledge of medicinal powers,—which gives the instrument :

3rd. The knowledge how to choose and administer the remedy,—which is the thing indicated.

The first part of the *Organon* (down

to § 70) treats of these points doctrinally, by way of argument: * the second practically, in the form of precept. The summing up of the doctrinal portion is contained in § 70, in these words:—

“From what has been already adduced, we cannot fail to draw the following inferences:—

“That everything of a truly morbid character, and which is to be cured, that the physician can discover in diseases consists solely in the sufferings of the patient and the sensible alterations in his health, in a word, solely in the sum total of the symptoms, by means of which the

* § 5—18 discuss knowledge of disease, 19—21 knowledge of medicines, 22—27 knowledge of application of one to the other, and 28—69 are an explanation and defence of the mode of application by similarity.

disease demands the medicines adapted for its relief ; whilst, on the other hand, every internal cause assigned to it, every occult quality or imaginary *materies morbi*, is but an empty dream :

“ That this derangement of the health, which we term disease, can only be restored to soundness through another revolution in the health by means of medicines, whose sole curative power consequently, can only consist in deranging man’s health, that is, in an excitation of morbid symptoms peculiar to each, and this is learned with most distinctness and purity by proving them on healthy individuals :

“ That, according to all experience, a natural disease can never be cured by medicines that possess the power of

producing in the healthy individual an alien morbid state (dissimilar morbid symptoms) differing from that of the disease to be cured (never, therefore, by an allopathic mode of treatment), and that even in nature no cure ever takes place, in which an inherent disease is removed, annihilated and cured by the accession of another disease dissimilar to it, be the new one ever so strong :

“ That, moreover, all experience proves that by means of medicines which have a tendency to produce in the healthy individual an artificial morbid symptom antagonistic to the single symptom of disease sought to be cured, the cure of a long standing affection will never be effected, but merely a very transient alleviation, always followed by aggra-

vation ; and that, in a word, this anti-pathic and merely palliative mode of treatment is, in long standing diseases of a serious character, quite incapable of effecting the desired object :

" That, however, the third and only other possible mode of treatment (the homœopathic), in which there is employed against the totality of the symptoms of the natural disease a medicine (in a suitable dose) capable of producing the most similar symptoms possible in the healthy individual, is the only efficacious method of treatment, whereby diseases, as mere dynamic derangements of the vital force, are overpowered, and being thus easily, perfectly and permanently extinguished, must necessarily cease to exist—and for this mode of

procedure we have the example of unfettered nature herself, when to an old disease there is added a new one similar to the first, whereby the old one is rapidly and for ever annihilated and cured."

Then, in § 71, Hahnemann propounds the practical questions which in the remainder of the treatise he seeks to answer, thus :—

"I. How is the physician to ascertain what is necessary to be known in order to cure the disease ?

"II. How is he to gain a knowledge of the instruments adapted for the cure of the natural disease—the pathogenetic powers of medicines ?

"III. How is he to employ most appropriately these artificial morbific

potencies (medicines) for the cure of diseases?"

In reply to the first, he gives rules for the examination of the patient ; to the second, for the proving of medicines on the healthy ; to the third, for the determination of similarity, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be observed, and so forth.

This is, in the author's own words, the ground-plan of the *Organon*. Of course, each position taken up needs justification on its own merits ; and this we shall enquire immediately how far we can award. But I would first call your attention to the simplicity of Hahnemann's conception, to its entire freedom from hypothesis and completeness

within itself. All other medical systems had been based upon certain doctrines of life and disease : Hahnemann's method was utterly independent of them. His whole argument might be conducted, as it is indeed in the first three editions of his work, without any discussion of physiological and pathological questions. I would impress this fact upon such of his disciples as represent homœopathy to be a complete scheme of medical philosophy ; who would make the dynamic origin of all maladies a plank of the platform on which we must stand, and call the psora-hypothesis "the homœopathic doctrine of chronic disease." This is an entire mistake. There are certain views in physiology and pathology which seem more harmonious

than others with homœopathic practice : Hahnemann thus came to hold them, and most of us tend in the same direction. But they might all be disproved and abandoned, and homœopathy would still remain the same : we should still examine patients and prove drugs and administer remedies on the same principles, and with the same success.

But I would commend this consideration also to Hahnemann's critics. He has had critics from the first, though nothing is wider of the mark than to speak of "the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines." Not thus did Hufeland and Brera and Troussseau and Forbes write of the new method and its author. But

the first-named of these made a remark which is full of significance : he said that if homœopathy succeeded in becoming the general medical practice, it would prove "the grave of science." Now this I make bold to claim as an unintentional compliment : for it describes our system as being true medicine, which is not science, but art. This is a truth very much forgotten now-a-days. Hahnemann, in the opening paragraph of the *Organon*, proclaims that "the physician's high and sole mission is to restore the sick to health—to cure, as it is termed." It is with this direct aim that he is to study disease and drug-action, and the relation between the two. He is not, primarily, a cultivator of science : he is a craftsman, the practiser of an art, and

skill rather than knowledge is his qualification. His art, indeed, like all others, has its associated sciences. Physiology and pathology are to it what chemistry is to agriculture, and astronomy to navigation. So far as they bring real knowledge, the more versed the physician is in them the better for himself and for those in whose aid he works. But he was before they had being, and his art should have a life of its own independent of the nourishment they bring. They must, being progressive, consist largely of uncertainties—working hypotheses and imperfect generalisations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations, or hold its maxims at the mercy of their sup-

port. While grateful for the aid they bring, it should go on its own separate way and fulfil its distinctive mission.

One great value of the method of Hahnemann is, that it dwells in this sphere of art. It *is* "the grave of science;" for science, as such, has no existence here—it dies and is buried. But its corpse enriches the ground which covers it, and thereon grass springs up and fruits ripen for practical use. On the other hand, the great weakness of the general medicine of to-day is that, so far as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, from spoliation to stimulation, with the prevailing conceptions of the day as to life and disease. Maladies

are studied with the eye of the naturalist rather than of the artist ; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment. Hence the nihilism of so much of modern teaching : hence, at the late Congress, the miserable halfpenny-worth of therapeutic bread to the gallons of scientific sack. It would be well for its three thousand members if they would go home to meditate the words of the man they despise—"the physician's high and sole mission is to restore the sick to health ;" if they would recognise medicine as the art of healing, and cultivate it accordingly.

Let us now consider the three positions Hahnemann takes up :—his attitude (1) towards disease, (2) towards

drug-action, and (3) towards the selection and administration of remedies.

1. In the *résumé* of his conclusions which I have quoted (§ 70), Hahnemann speaks of the sum total of the symptoms of a patient as the only curative indication which the physician can discover. In this he hardly does himself justice; for in § 5 he has pointed to the knowledge of the *causes* of the malady as important, and in § 7 and its note has assumed as obvious that any exciting or maintaining cause which is discoverable and reachable shall be removed. He has further reminded us, in § 3 and 4, that both to prevent disease, and to make his curative treatment unobstructed and permanent, the physician must also be a hygienist. It would hardly be

necessary to mention such points, but that we have lately heard it said that "for him, preventive medicine, which deals specially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a mockery and a snare."*

With these qualifications, however, Hahnemann's doctrine is that the totality of the symptoms—the sum of the sufferings the patient feels and the phenomena he exhibits—constitutes, *for all practical purposes*, the disease. He does not say that they alone *are* the disease. On the contrary, he constantly speaks of them as the "outwardly reflected picture," the "sensible and manifest representation" of what the essential

* Bristowe, *op. cit.*

alteration is. His point is, that at this last you cannot get, and—to cure your patient—need not get. If you can find means for removing the sum total of his symptoms, he will be well, though you may know as little as he wherein, essentially, he was ill (§ 6—18).

Now what objection can be taken to this thesis? If any one should seriously maintain that symptoms and morbid changes are not correlative; that there is any way of inferring the latter except from the former, or any way of removing the former—as a whole—except by righting the latter—their proximate cause, I will refer him to the Introductory Lecture delivered here in 1878 by Dr. Dyce Brown,* in which this point is

* To be had of the Secretary to the School.

thoroughly discussed and settled. Our recent critic is too acute to say much of this kind. His main charge against Hahnemann's view of disease is that it ignores pathology and more especially morbid anatomy, so that the "laborious investigations conducted in our dead-houses, which we fondly imagine to add to our knowledge of diseases" would be "looked upon by him with contempt." But in so speaking he forgets Hahnemann's aim. He is laying down what are the *curative indications* in disease, what the physician can and should know of it in order to remove it. Do the investigations of the dead-house help us here? The changes they discover are the *results*—generally the ultimate results—of morbid action; but in this stage of

the process such action is no longer amenable to remedies. If it is to be cured, it must be taken at an earlier period, before there has occurred that "serious disorganisation of important viscera" which Hahnemann speaks of as an "insuperable obstacle to recovery."* And how shall it then be recognised, except by its symptoms? No microscope can see the beginnings of cirrhosis of the liver or of sclerosis in the brain and cord. But the patient can feel them, and may even exhibit them. Some slight hepatic uneasiness, some dart of pain or altered temper or gait, may and often do supervene long before the pathognomonic physical signs of such maladies appear. It is impossible to

* *Lesser Writings*, p. 561.

say how much suitable remedies at this time applied may not do—may not have done—to arrest the morbid process then and there. The Hahnemannic pathology is a living one, because it seeks to be a helpful one. It was wisely pointed out by the late Clotar Müller that the contemplation of disease mainly in the light of its ultimate organic results had a discouraging effect ; whereas, if we would just apply our method fully to each *tout ensemble* of disorder as it came before us, our possibilities were boundless.*

But Hahnemann has been accused of ignoring pathology in another way, viz. : by “objecting to all attempts on the

* See also Carroll Dunham's essay on the “Relation of Pathology to Therapeutics” (*Homœopathy the Science of Therapeutics*, p. 99).

part of systematic writers and practical physicians to distinguish and classify diseases." He is supposed to have been—and the utterances of some of his own disciples lend colour to the charge—a mere individualiser, regarding the maladies which affect mankind as, "with a few exceptions, simply groups of symptoms, mosaics of which the component pieces admitted of endless re-arrangement." But this, again, is a great mistake, as I have endeavoured to prove in a paper on "Generalisation and Individualisation" which I submitted to our late Convention, and which you may see in its Transactions. I there shewed, by numerous quotations, that Hahnemann recognised as freely as any other physician the existence of definite types of

disease, of fixed character because resulting from an unvarying cause, to which distinctive appellations might be given and specific remedies (or groups of remedies) allotted. He varied from time to time, as pathology itself has varied, in the list of those to which he would assign such place; but at the lowest estimate they cannot fairly be described as "a few exceptions." They embrace the whole field of "specific" disease—acute and chronic. Take the instance of intermittent fever, which has been cited. Hahnemann is supposed to have declared these fevers innumerable, and each instance of them that came before him an independent disease. But read the section of the *Organon* expressly devoted to the subject (§ 235—244).

You will see there that it is only sporadic intermittents occurring in non-malarious districts that he thus describes. The true endemic marsh-ague he recognises as a disorder of fixed type, always curable by bark if the patient is not otherwise unhealthy; while the epidemic intermittents, though distinct among themselves, have each a specific character, so as to be amenable to one common remedy. It is in these (and the sporadic cases) only that he reprobates the blind cinchona-giving practised in his day.

Here also, then, Hahnemann must be vindicated from the charge of ignoring any real pathology, however little he valued the speculations of his own time which laid claim to that title. It is in

the first part of the second division of the *Organon* (§ 72—82) that his views on this subject are expressed; and, allowing for the fact that they are fifty years old, and therefore to some degree antiquated, there is nothing in them unworthy of a learned and sagacious physician. I reserve his theory about “psora,” intercalated in the fourth and fifth editions, which must subsequently receive a few words on its own merits.

Hahnemann concludes this portion of his subject with some suggestions as to the examination of patients (§ 83—104), of which all that need be said is that they are, as becomes their object, thorough. The homœopathic physician does not listen and enquire merely to find out to what class of maladies his

patient's troubles are to be relegated. For this end but few symptoms are necessary, and the rest can be left. He has to get at their totality, that he may "cover" them with a medicine capable of producing them on the healthy subject; and in pursuit of this aim he must not account any detail superfluous. It has been objected that we should come off badly upon such a method with Mrs. Nickleby for a patient. But happily all patients are not Mrs. Nicklebys; and when we do meet them common sense must deal with them accordingly. Of course, proportion must be observed; and anything we *know* to be merely incidental may be omitted. Our colours must be mixed, like Opie's, "with brains, Sir." But if we only *think* a detail

unimportant, our wisdom will be to give the patient the benefit of the doubt, and insert it in our picture.

2. Such is Hahnemann's attitude towards disease ; and I think it comes out from examination proof against every objection, and fitted at all points for its object. Still more incontrovertibly can this be said of the position he takes up with reference to drug-action (§ 19—22). His one insistence is that this can only be ascertained by experiment on the healthy human body. Few now-a-days question the value of this proceeding, and many adopt it ; but Hahnemann has hardly yet been awarded the merit which belongs to him as its pioneer. Haller had indeed preceded him in affirming its necessity, and Alexander

and a few others had essayed tentatively—very tentatively—to carry it out; but Hahnemann developed Haller's thought into a doctrine, and multiplied a hundred-fold Alexander's attempts at proving. When the profession comes to know him in his true worth, he will be recognised by all as the Father of Experimental Pharmacology.

The great value of choosing the human subject for our provings of drugs is, that thereby their subjective symptoms—the sufferings as well as the phenomena they cause—can be ascertained. There is of course the inevitable shadow here—the counter-peril that a number of sensations of no moment shall be reported by the experimenters, and cumber our pathogeneses. This is in-

evitable ; but Hahnemann at least saw the inconvenience, and did his best to avoid it. Let his rules for proving in the *Organon* (§ 105—145) be read, and the information we have elsewhere as to his manner of proceeding be considered, and it will be seen that he did all that his lights suggested to make experimentation of this kind pure and trustworthy.

3. We pass now to the third division of the “vocation of the true physician,” as conceived by Hahnemann. How is he to use his knowledge of drug-action in the treatment of disease ? how wield the potencies the former gives him for the favourable modification of the latter ?

To the answer to these questions are devoted forty-eight aphorisms (§ 22—69) of the first and a hundred-and-forty-



seven (§ 146—292) of the second division of the *Organon*. Hahnemann argues that there are only three conceivable relations between the physiological effects of a drug and the symptoms of disease, and therefore only three possible ways of applying the one to the other. The two may be altogether diverse and heterogeneous, as the action of a purgative and a congestive headache ; and if you use the former to relieve the latter, you are employing a foreign remedy—you are practising allopathy ($\delta\lambda\lambdao\iota\sigma\nu\pi\acute{a}\thetaos$). Or they may be directly opposite, as the influence of a bromide and the sleeplessness of mental excitement : then, to give bromide of potassium to induce slumber is to act upon the enantiopathic or antipathic principle ($\epsilon\nu\alpha\pi\tau\iota\sigma\nu\pi\acute{a}\thetaos$, $\delta\pi\tau\iota\sigma$,

$\pi\acute{\alpha}\theta\sigma$). Or, thirdly, they may be similar, as strychnine-poisoning to tetanus or that of corrosive sublimate to dysentery. If such drugs are used for their corresponding disorders, you are evidently homœopathising ($\delta\mu\omega\iota\omega\pi\acute{\alpha}\theta\sigma$). Now, of these, allopathic medication must be condemned, both on the ground of its uncertainty, and on that of the positive injury it does by disordering healthy parts and by flooding the system with the large doses of drugs necessary to produce the desired effects. Antipathic treatment is certainly and rapidly palliative; but the inevitable reaction which follows leads to a return of the evil, often in greater force. It can rarely, moreover, deal with more than a single symptom at a time; and even then its

capabilities are limited by the very few really opposite states which exist between natural disease and drug-action. Antipathy may do tolerably well for immediate needs and temporary troubles ; but it is not competent to deal with complex, persistent, or recurrent maladies. For these we are shut up to the homœopathic method, if we are to use drugs in disease at all. This operates "without injury to another part and without weakening the patient." It is of inexhaustible fertility, for the analogies between natural and medicinal disorder are endless. It is complete, for the one order of things may cover the other in its totality. It is gentle, for no large and perturbing dosage is required for its carrying out. It is, lastly, perma-

nent ; for the law of action and re-action which makes the secondary effects of antipathic palliatives injurious here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, the secondary and more lasting recoil will—after (it may be) a slight aggravation—directly oppose and extinguish it. It is thus that Hahnemann explains the benefit wrought by homœopathic remedies: thus, and also by the theory (§ 28—52) of a substitution of the medicinal for the actual disease, for which he cites parallels in nature.

Here again we pause to ask what objections have been taken to Hahnemann's position. His doctrine of the three relations between drug-action and

disease seems too simple for certain minds. One (Anstie) calls it metaphysical; another (Ross) geometrical; a third exclaims, "how curious, how ingenious, how interesting!" and imagines that in so designating it he excludes the possibility of its conformity to nature. But why should it not have these features and yet be true? What other alternative is possible? What fourth term of comparison can be found between (be it remembered) the effects of drugs on the healthy and the symptoms of disease? If you use the one for the other, you must do so alloeopathically, antipathically, or homœopathically. Medical men seem very fond now-a-days of disclaiming any system in their practice, and announcing themselves as altogether

lawless and empirical. But they can no more help practising upon one or other of these principles than M. Jourdain could help speaking prose unless he launched into verse. If they would only analyse their own thoughts, they would see that directly they learn the physiological action of a drug they consider what morbid states it can indirectly modify or directly oppose. These are two of the members of Hahnemann's triad ; and the difference between us and them is that our first thought is as to what disorders the drug phenomena most resemble. We would not neglect the two other directions in which the medicine might be utilised, if we had reason to think it advantageous to follow them ; and our complaint is that the profession

at large do neglect and ignore the third, to the great loss of their patients.

Why should they do so? Some have answered that the method is rarely practicable, that real parallels between disease and drug-action are rare. To speak thus, however, implies a very deficient knowledge of pharmacodynamics. Others have expressed a more general and natural objection when they have argued that medicines which are truly similars must aggravate rather than benefit, if they act at all. It would seem so; and it is not surprising that in the older works on *Materia Medica* morbid states analogous to the action of drugs are set down as contra-indicating their employment. But this difficulty *solvitur ambulando*. Let any one take

an obvious instance of such a contra-indicating condition — a sick stomach for Ipecacuanha, a congested brain for Opium, a dry febrile tongue for Belladonna. If he gives a quantity capable of exciting such states in the healthy, he may undoubtedly aggravate. But let him reduce his dose somewhat below this point, and he will get nothing but benefit. This has been tested over and over again, and no one has reported adversely to it: on the contrary, uses of medicines derived from the method are now becoming as popular in general practice as they have long been in ours. Why should this benefit result? We have heard Hahnemann's explanation, that such remedies work by substitution and by exciting reaction. It is

one in which it is not difficult to pick holes, and he himself says, in propounding it, that he does not attach much importance to it (§ 28). Any discredit, however, resulting from its disapproval must attach equally, as regards substitution, to Bretonneau and Trousseau, as regards re-action, to more than one ingenious thinker of our own country (Fletcher, Ross, Rabagliati). More recently, the hypothesis has been advanced that medicines have an opposite action in large and small quantities, so that the reduction of dose necessary to avoid aggravation gives you a remedy acting in a direction contrary to the disorder, while its choice by similarity secures practicability and complete embracement. I myself feel great difficulty in

acceding to this theory as a general account of homœopathic cure; but there is no justification for representing its adoption as an abandonment of the homœopathic position. It is an attempt at explanation, that is all: the fact that likes are cured by likes is the all important thing, account for it how we may. So Hahnemann said, and so all we homœopathists believe.

The side of Hahnemann's position on which he is most vulnerable is its exclusiveness, in which he maintains his method to be applicable to all non-surgical disease, and to render all other ways of employing medicines superfluous and hurtful. This led him, as has been fairly urged, to regard intestinal worms as products of the organism, and

to ignore the acarus as the exciting cause of scabies; it has resulted among his followers in a denial of palliatives to their patients by which much suffering might have been spared. In the first matter, however, he erred in common with most of his contemporaries; and in the second he is not responsible for the excesses of disciples who are often more Wilkesite than Wilkes himself. The rational homœopathist recognises, indeed, the inferior value and limited scope of antipathic palliation. He knows that it is only properly applicable to temporary troubles. But in these he makes full use of it. He does not allow his patient to endure the agonies of angina pectoris, when he knows that amyl nitrite will relieve them; he does

not refuse chloroform during the passage of a calculus any more than during that of a foetus. Hahnemann's exclusiveness is not to be justified ; but it may fairly claim excuse as the enthusiasm of a discoverer, full of the sense of the power of his new method, and naturally led to apply it everywhere and to esteem it without rival.

The treatment of this subject in the second part of the *Organon* is purely practical. It gives instructions for the selection of remedies upon the homœopathic principle, and for their judicious employment when selected. It enquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated and when the symptoms are too few to

guide to a satisfactory choice. He considers the treatment on the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections. He gives directions for diet and regimen ; for the preparation of medicines ; for the repetition of doses, and for their size.

It is on the last of these points only that I can touch here : for the rest I must refer to the work itself. Hahnemann's treatment of the subject of dose has not had justice done to it, in consequence of our only knowing the fifth edition of the *Organon*. In the year 1829, after the publication of the fourth edition, he unfortunately determined to secure uniformity in homœopathic usage by having one dilution for all medicines,

and this the decillionth—the 30th of the centesimal scale. Our present *Organon* represents this view ; but the first four editions make no such determination, and are entirely moderate and reasonable in the principles of posology they lay down. The dose of a homœopathically selected remedy, they say, must obviously be smaller than that of one intended to act antipathically or allœopathically. If too large, it will excite needless aggravation and collateral suffering. It should be so far reduced that its primary aggravation (which Hahnemann supposed a necessary result) should be hardly perceptible and very short. How far this must be varies with the medicine used ; and for suggestions on this point he refers to

his *Reine Arzneimittellehre*, where the dosage recommended ranges from the mother tincture to the 30th—the latter, however, being of exceptional height. He alleges experience alone as having led him to attenuate so far; but argues the reasonableness of so doing from the increased sensitiveness of the diseased body, pointing out also that dilution does not diminish the power of a substance in proportion to the reduction of its bulk. Excluding the specific doses mentioned in the other treatise referred to, which are simply questions of fact and experience, there is nothing in this part of the *Organon*—in its essential structure—to which fair exception could be taken.

I wish I could have stopped here ; that there had been in the volume I am now expounding nothing more difficult to defend than what has gone before. In its first three editions—*i.e.*, up to 1824—there is not. Almost everything in Hahnemann's work during the first quarter of this century is of enduring worth ; it is positive, experimental, sound. But from this time onwards we see a change. The active and public life he had led at Leipsic, with the free breath of the world blowing through his thoughts, had been exchanged, since his exile to Coethen in 1821, for solitude, isolation, narrowness. The reign of hypothesis began in his mind—hypothesis physiological, pathological, pharmacological. The theories he was led

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the phenomena of life, and the sphere in which disease begins and medicines act. Hahnemann would probably at all times have called himself a vitalist, in distinction alike from the "animism" of Stahl (which made the immortal soul the principle of life), and from the views of those who would bring all vital phenomena under the laws of physics and chemistry. He early, moreover, employed the term "dynamic" to denote also the sphere in which true disease took its origin, and those effects of drugs which require vitality for their production. Disease has its "materies morbi" and organic changes; but all these may be—Hahnemann would have it always are—secondary products and effects, the primary derangement being

invisible and intangible, manifest only in altered sensations and functions. Drugs, again, produce—many of them—chemical and mechanical effects; but these might occur in the dead as in the living body. The exclusively vital reactions they set up in the crucible of the organism belong to another sphere: they correspond with the beginnings of disease, like them are revealed by altered sensations and functions, like them are to be characterised as “dynamic.”

Had he gone no farther than this all would have been well. It is easy to read into his language the present protoplasmic doctrine of life; while the frequent commencement of disease in molecular rather than molar

changes,* and the dynamic—as distinct from the mechanical and chemical—action of drugs, are recognised by all. But in his later years Hahnemann advanced from this thoroughly tenable position into one far less easy to maintain. He adopted the view that vitality was a “force,” analogous to the physical agencies so called, without which the material organism would be without sensation and functional activity, which animates and energises it during life and leaves it at death. It is this

*Hahnemann himself would have allowed this “frequent” to be more correct than “invariable”; for he considered cholera due to the invasion of a cloud of minute organisms, and on this ground advised camphor to be used so freely for it (see *Lesser Writings*, p. 851, 854). He is thus granting, *in principle*, the germ-theory of infectious diseases, and the propriety of parasiticide treatment in them.

"vital force" (*Lebenskraft*) which is primarily deranged in illness, and on which morbid potencies—both natural and medicinal—act through the sensory nerves. Its behaviour under medicinal influence is ingeniously imagined and elaborately described (§ 127); and in the fifth edition of the *Organon* it is frequently mentioned as the actor or sufferer where previously the author had been content to speak of the organism (as in § 148).

Now Hahnemann can hardly be thought the worse of for entertaining this view, since, in some form or other, it was almost universally prevalent in his day. If the advice of the present Pope is taken it will continue to be the teaching of all Catholic colleges; for it

is simply the Thomist doctrine—itself derived from Aristotle—under another name. But the tendency of recent science is to regard the organism as no monarchy, wherein some “archæus” lives and rules, but as a republic in which every part is equally alive and independently active, the unity of the whole being secured only by the common circulation and the universal telegraphic system of nerves. It is unfortunate, therefore, that Hahnemann should have committed himself and his work to another conception. Either or neither may be wholly true ; but one would have been glad if the *Organon* had kept itself wholly clear of such questions, and had occupied only the solid ground of observation and experiment.

And now of the *psora theory*. This is far too large a subject for justice to be done to it here. It has been fully handled elsewhere*; and any one who would desire to deal fairly with Hahnemann on the point has abundant material for so doing. I can only say a few words as to what it purports to be and what it really is.

It is sometimes averred by Hahnemann's critics that he made all chronic disease—or at least seven-eighths of it—originate in itch. But this is a misconception. He begins by excluding from the category of true chronic maladies those which arise from unhealthy surround-

* See Dudgeon's *Lectures on Homœopathy*, IX and X; and my own *Pharmacodynamics*, 4th ed., pp. 87, 90, 839.

ings, noxious habits, and depressing influences (§ 77); for these, he says, disappear spontaneously when the *lædentia* are removed. Neither will he allow the name to the medicinal affections which the heroic treatment of his day made so common (§ 74-6), and which he regards as incurable by art. True chronic disease consists of such profound disorders as asthma, phthisis, diabetes, hypochondriasis, and the like—disorders insusceptible of cure by hygiene, and tending to permanent stay and even increase. A certain proportion of the affections so characterised were traceable to specific infection; and it seemed to him that the remaining seven-eighths (it is here that these figures come in) must have some analogous “miasmatic” origin. In the

medical literature of his day he found numerous observations (he cites ninety-seven of them) of the supervention of such diseases upon the suppression of cutaneous eruptions, among which scabies—then very prevalent—took a prominent place. In this last he thought he had found the “miasm” he wanted. It resembled syphilis in its communication by contact, its stage of incubation, and its local development, while it was far more general. He thereupon propounded it as—together with the other contagious skin affections, which he regarded as varieties of it—the source of the non-specific chronic diseases, understood as defined.

Now it is easy for us, knowing what we know (or suppose we know) about

itch, to make merry over this theory of Hahnemann's. But to condemn or ridicule him for it is a gross anachronism. We forget that the modern doctrine of scabies dates only from Hebra's writings on the subject in 1844. Before that men like Rayer and Biett could deny the existence of the acarus ; and it was quite reasonable to regard it as only the product of the disease. Hahnemann, who was one of the most learned physicians of his time, knew all about it, and had, in 1792, written upon it.† He nevertheless, in 1816, described scabies as a specific miasmatic disorder, forming itself in the organism after contagion (as syphilis does), and announcing by the itch-vesicle its complete development within. It

*See *Brit. Journ. of Hom.*, XXI, 670.

was thus regarded that he propounded it as the origin of much chronic disease. We, understanding it better, must refuse it such a place. But when we look beneath the surface of his doctrine, we find it far from being bound up with his view of scabies. It rests upon the broader ground of morbid diathesis, and especially upon that form of it associated with cutaneous disorder which has led the French pathologists to speak of a *diathèse herpetique* or *dartreuse*. Translate Hahnemann's "psoric," now into these terms, now into "scrofulous," and you have the substance of his thought, which is absolutely true and of the utmost importance. It was for therapeutic purposes that he arrived at it, and these it has subserved in no common degree, giving us a wealth

of new remedies, of long and deep action, which are our most valued means in chronic disorders. Compare, for instance, our use of Sulphur with that which generally obtains—with that even which obtained in our own school before the psora doctrine was enunciated, and you will see what we have gained by it.

Here again, then, we cannot allow Hahnemann to be depreciated on account of his hypothesis, strange as it may seem to us. But we must regret that he incorporated it in his *Organon*. Neither it nor its practical consequences form any part of his method, as such ; and pathological theory is out of place in the exposition of a mode of proceeding which is wholly independent thereof. In reading the *Organon*, let us determine to

ignore it, or to translate its language in the way I have suggested : we shall then do greater justice to the main argument of the treatise.

And now a few words upon the theory of *dynamisation*, which is a subject quite distinct from that of infinitesimal dosage. We have seen that Hahnemann was led to adopt and defend the latter on grounds whose legitimacy all must admit, whatever they may think of their validity. For the first quarter of a century of his practice in this way (he began it in 1799) he thus regarded and justified it. He maintained, as I have said, that by the multiplication of points of contact obtained, dilution does not weaken in proportion to the reduction of bulk ; but, in so speaking, he admitted that it did

weaken. He even attempted to fix the ratio of the two processes, estimating that each quadratic diminution of quantity involved loss of strength by only one half; and this calculation remains unaltered in all editions of the *Organon* (note to § 284). In the third edition, however—*i.e.*, in 1824—there appears for the first time the note we now read as appended to § 287. He here speaks of the unfolding of the spirit of a medicine as effected by the pharmaceutic processes of trituration and succussion, and in proportion to the duration of the one and the repetition of the other. By regulating these, accordingly, we can secure either moderation of excessive crude power or development of finer and more penetrating medicinal energy. In

publications of 1825 and 1827 he carries yet farther this new thought. At first he had ascribed the increase of power to the more intimate mixture effected by his processes ; but now he declares it to be something over and above this—a change, a liberation of the dynamic, a development of the spiritual, powers of the drugs, analogous to the production of heat by friction. Treated in this way, he affirms, “medicines do not become by their greater and greater attenuation weaker in power, but always more potent and penetrating ;” there is “an actual exaltation of the medicinal power, a real spiritualisation of the dynamic property, a true, astonishing, unveiling and vivifying of the medicinal spirit.”

These views were so little in accord

ance with those expressed in the *Organon* that we find scant further trace of them in the edition of 1829. In the note before mentioned "refined" (*verfeinert*) becomes "potentised," as we have it now; and in the directions for proving medicines a note is added to § 129, saying that recent observation pointed to greater attenuation and potentisation rather than larger quantity as best giving the strength required for the purpose. This is all. In 1833, however, the pharmaceutical portion of the treatise has two new aphorisms (269, 270) embodying them. Its posological section remains unchanged, save in § 276. Here Hahnemann had said, in former editions, "a medicine, even though it may be homœopathically suited to the cure of disease,

does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity." In the fifth edition he adds—"and the higher the potency selected," which obviously changes the whole meaning of what has gone before, and makes dose a mere question of number of drops or globules. I mention all this to show how entirely the doctrine of dynamisation was an after-thought, and how little the *Organon* proper (with which we are immediately concerned) has to do with it.

But what shall we say of the theory itself, in its bearing on Hahnemann as a medical philosopher? This must depend very much upon the stand-point from

which we regard it. Was it a gratuitous hypothesis, at best a mere logical consequence of the other views of the originator? or was it an attempt to account for facts—these being in themselves genuine? Hostile critics of homœopathy assume the former position, and judge accordingly. We, however, cannot do this. Whatever our own preferences in the matter of dosage, it is impossible to read the history of homœopathy—still more to be acquainted with its periodical literature, without recognising that highly attenuated medicines have an energy *sui generis*. They shew this in provings on the healthy as well as in the treatment of the sick; and not here and there only, but in such multitudinous instances as to make coincidence

and imagination utterly inadequate as accounts of the phenomena. The Hahnemannic processes certainly do develop virtues in drugs which in their crude state are altogether latent. Brimstone, oyster-shell, flint, charcoal, common salt—these substances in mass have a very limited range of usefulness : but what cannot homœopathy do—what has it not done—with Sulphur, Calcarea, Silica, Carbo vegetabilis and Natrum muriaticum, in the dilutions from the 6th to the 30th? In this form they are in our hands as well-tried agents as any on which ordinary medicine depends. Their potency is a fact to us : how are we to account for it? Hahnemann's dynamisation, in the light of later science, must be held untenable ; but to this day

we have nothing to put in its place. And, even if we had, we should not the less honour the philosopher who perceived the necessity of the explanation ; who brought to light the hitherto unknown phenomena, and set us to work at giving a scientific account of them.

My task is now complete. I have strictly confined myself to the announced subject of my lecture—the exhibition of Hahnemann as a medical philosopher by means of his *Organon*. But we are accustomed now-a-days to require more of philosophy than that it shall be sound in method : it must also show its power in bearing fruit. Hahnemann's need not fear the challenge. There is a fine passage in Macaulay's essay on Bacon,

in which he recounts the numerous gains to mankind which the science of the last two hundred years has contributed. If the writer of the *Novum Organum* could have looked forward, he says, he might well have rejoiced at the rich harvest which was to spring up from the seed he had sown. In like manner has even the immediate future responded to the impulse given by our Organist. Could he have foreseen the medicine of to-day, how much there would have been to gladden his heart. He lived in a time when heroic anti-phlogisticism was in full force; when physicians "slew," as in Addison's day, "some in chariots and some on foot;" when every sufferer from acute disease was drained of his life-blood, poisoned

with mercurials, lowered with antimonials, and raked by purgatives. He denounced all this as irrational, needless, injurious ; and it has fallen—never, we trust, to resume its sway. The change thus wrought even in the practice of the old school would be a matter for great thankfulness on his part ; but how his spirit would have bounded when he looked upon the band of his own followers ! The few disciples made during his life-time have swelled into a company of some ten thousand practitioners, who daily, among the millions of their *clientèle*, in their scores of hospitals and dispensaries and charitable homes, carry out his beneficent reform, making the treatment of disease the simple administration of a few (mostly) tasteless and

odourless doses, and yet therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the Aconite and Belladonna, the Bryonia and Rhus, the Nux vomica and Pulsatilla, the Calcarea, Silica, Sulphur, which he created as medicines, playing their glorious parts on an extensive scale, robbing acute disease of its terrors and chronic disease of its hopelessness. He would see his method ever developing new remedies and winning new victories,—evoking Lachesis and Apis, Kali bichromicum, Gelsemium,—winning laurels in yellow fever as green as those which crowned it in the visitations of cholera. He would see his principles gaining access one by one to the minds of physicians at large,—the proving of medicines, the single remedy,

the fractional dose already accepted, and selection by similarity half adopted under other explanations and names. He might well feel, like Bacon, about the "Philosophia Secunda" which should end his *Instauratio Magna*. He had given its "Prodromi sive Anticipationes:" "the destinies of the human race must complete it—in such a manner, perhaps, as men, looking only at the present, would not readily conceive." The destinies of the human race, in respect of disease and its cure, are completing it ; and will be yet more profoundly modified for the better as that completion goes on.

With these thoughts I commit the fame of Hahnemann as a medical philosopher to the impartial judgment of the great profession he has adorned.

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V.—The Library is supplied with British, American and Foreign Medical Periodicals, both general and Homœopathic.

VI.—**LECTURES** on the following subjects, during the Session 1881-2 :—

THE HAHNEMANN ADDRESS, by Dr. RICHARD HUGHES (see Title Page).

PRINCIPLES AND PRACTICE OF MEDICINE, by D. DYCE BROWN, M.A. and M.D., especially intended to instruct Students in the Homœopathic Therapeutics.

MATERIA MEDICA AND THERAPEUTICS, by A. C. POPE, M.D.; M.R.C.S. Eng. These Lectures will be devoted to a careful consideration of the Homœopathic Action of Drugs, both positive and comparative. (*Full particulars of the Course will be found below.*)

THE INSTITUTES OF HOMEOPATHY, by Dr. RICHARD HUGHES. A Summer Course on some subject illustrating the History and Principles of Homœopathy.

In addition, it is proposed to provide Lectures on

CLINICAL MEDICINE,

DISEASES OF THE EAR (by Dr. R. T. COOPER),

DISEASES OF THE EYE,

and other Special Lectures, as Classes may be formed. These Lectures will shew how far the ordinary treatment of these special diseases may be modified and improved by the adoption of Homœopathic Treatment.

Fees of Attendance.

For Hospital Practice and Clinical Lectures, Three Guineas per annum.

Entrance to Lectures on Principles and Practice of Homœopathic Medicine, Three Guineas per annum Winter Session alone, Two Guineas; Summer Session alone, One Guinea.

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Entrance to Lectures on Homœopathic Materia Medica and Therapeutics, Three Guineas per annum. Winter Session alone, Two Guineas; Summer Session alone, One Guinea.

The Fee for Hospital Practice and the above Lectures may be compounded for, perpetual, in one fee of Ten Guineas.

The above fees include the use of Library and Museum.

THE WINTER SESSION begins October 4th, and ends March 31st.

PRINCIPLES AND PRACTICE OF HOMŒOPATHIC MEDICINE, by Dr. DVCE BROWN, Tuesdays and Fridays at 5 p.m. Will commence on Friday, October 7th, at 5 p.m.

The following is the order of the Lectures on Principles and Practice of Homœopathic Medicine during the Winter Session, commencing Friday, October 7th, at 5 p.m. —

1. Diseases of the Respiratory Organs.
2. Diseases of the Heart.
3. Diseases of the Brain and Nervous System.
4. Diseases peculiar to Women.

HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS, by Dr. A. C. POPE, Mondays and Thursdays, at 5 p.m. Will commence on Thursday, October 6th.

The following is the order of the Lectures on Materia Medica from October 6th to March 23rd:—

Syllabus of the Lectures.—Oct. 6th, Principles of Drug Selection; 10th, Study of Drug Effects and Action; 13th, Posology; 17th, Mode of Prescribing and Pharmacy, Aconite; 20th, Belladonna; 24th, ditto; 27th, Opium and Hyoscyamus; 31st, Stramonium, Cannabis Ind. and Sativa. Nov. 3rd, Gelsemium and Conium; 7th, Agaricus and Glonoine; 10th, Review of the points of resemblance between the preceding Drugs; 14th, Arsenic; 17th, ditto; 21st, Mercury; 24th, Iodine and Spongia; 28th, Iod. of Potass and Bich. of Potass. Dec. 1st, Bich. Pot. and Phosph.; 5th, Phos., Lach., Crot. and Naja; 8th, Apis mellifica and Elaps; 12th, Cantharis and Terebinthida; 15th, Antimonii Pot.-tart. and Antim. Crud.; 19th, Ailanthus and Baptisia. Jan. 9th, A Review of the points of resemblance between Medicines in the last series; 12th, Rhus.; 16th, Bryonia; 19th, Rhodod. and Actaea; 23rd, Arnica; 26th, Ledum and Ruta; 30th, Hypericum and Hamamelis. Feb. 2nd, A Review of the points of resemblance between Medicines in this last series 6th, Hydrastis, Euphrasia and Drosera; 9th, Phytolacca; 13th, Nux vomica; 16th, Pulsatilla and Ignatia; 20th, Ipecacuanha, Cocculus Indicus; 23rd, Colocynth, Chamomilla; 27th, Lycopodium. Mar. 2nd, Cinchona; 6th, Digitalis; 9th, Colchicum, Spigelia and Cactus; 13th, Platina, Crocus, Sabina; 16th, Argentum nitras; 20th, Aurum, Plumbum, Cuprum; 23rd, Sulphur.

ANNOUNCEMENT.

It is expected that during the ensuing Summer Session, Dr. RICHARD HUGHES will deliver a Course of Lectures on "The INSTITUTES of HOMŒOPATHY," embracing its History,

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Literature and Principles. There will also be a Summer Course of Lectures on the Principles and Practice of Homoeopathic Medicine, by Dr. DYCE BROWN.

ORDER OF STUDY.

It is especially recommended that Students desiring to attain a competent knowledge of Homœopathy should devote the greater part of the fourth year of study to its careful attainment, by attending the Practice at the London Homœopathic Hospital and the Lectures delivered in the London School of Homœopathy.

The following clause of the Medical Act is specially commended to the Medical Student, from which he will see his legal position, and his right to study and practise ANY theories and practice he may choose to adopt.

EXTRACT FROM MEDICAL ACT (2nd August, 1858).

"XXXIII.—In case it shall appear to the General Council that an Attempt has been made by any Body, entitled under this Act to grant Qualifications, to IMPOSE UPON ANY CANDIDATE OFFERING HIMSELF FOR EXAMINATION AN OBLIGATION TO ADOPT OR REFRAIN FROM ADOPTING THE PRACTICE OF ANY PARTICULAR THEORY OF MEDICINE OR SURGERY, AS A TEST OR CONDITION OF ADMITTING HIM TO EXAMINATION OR OF GRANTING A CERTIFICATE, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an Injunction to such Body so acting, directing them to desist from such Practice; and in the event of their not complying therewith, then to order that such Body shall cease to have the power of conferring any Right to be registered under this Act so long as they shall continue such Practice."

"XXXVIII.—If any of the said Colleges or the said Bodies at any Time exercise any Power they possess by Law of striking off from the List of such College or Body the Name of any One of their Members, such College or Body shall signify to the General Council the Name of the Member so struck off; and the General Council may, if they see fit, direct the Registrar to erase forthwith from the Register the Qualification derived from such College or Body in respect of which such Member was registered, and the Registrar shall note the same therein: Provided always, that the Name of no Person shall be erased from the Register on the Ground of his having adopted ANY THEORY OF MEDICINE OR SURGERY."

Medical Men already in practice, and Students whose means demand it, can obtain *Nomination Free Tickets*, under certain regulations, on applying to Dr. BAYES, Honorary Secretary.

Letters on the business of the School, to be addressed to him at the London School of Homœopathy, 52, Great Ormond Street, Russell Square, W.C.

Communications relating to the School should be addressed to the Honorary Secretary of the School, from whom particulars can be obtained on application by letter.

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